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Fee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Freyman et al.

Confirmation No.: 8819

Serial No.: 10/645,653

Art Unit: 3767

Filed: August 20, 2003

Examiner: Witczak, Catherine

For: MEDICAL DEVICE WITH
DRUG DELIVERY MEMBER

Attorney Docket No: 10177-169

RESPONSE TO RESTRICTION REQUIREMENT AND PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed February 23, 2006, please enter the following amendments and consider the following remarks.

Amendments to the Claims begin on page 2 of this response

Remarks begin on page 8 of this response

Conclusion begins on page 8 of this response

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/645653

~~10/645653~~

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	27	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 - minus 20 =	* 7
INDEPENDENT CLAIMS	3 - minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 39	Minus	** 27	= 12	
Independent	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 39	Minus	** 27	= 12	
Independent	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 39	Minus	** 27	= 12	
Independent	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	\$75.00	OR BASIC FEE	\$75.00
X\$ 9=		OR X\$18=	126.00
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	876.00

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	6.00
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	6.00

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	